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| Fill in this information to identify your case: |                                 |                                 |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | _                               |                                 |
| Case number (if known)                          | _ Chapter you are filing under: |                                 |
|   | ☐ Chapter 7                     |                                 |
|   | ☐ Chapter 11                    |                                 |
|   | ☐ Chapter 12                    |                                 |
|   | Chapter 13                      | Check if this an amended filing |

### Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself   |  |   |   |  |  |  |
|-----|--|--|---|---|--|--|--|
|     |  | About Debtor 1:                          |   | About Debtor 2 (Spouse Only in a Joint Case): |  |  |  |
| 1.  | Your full name   |  |   |   |  |  |  |
|     | Write the name that is on  | Anthony                                  |   |   |  |  |  |
|     | your government-issued<br>picture identification (for<br>example, your driver's  | First name                               |   | First name                                    |  |  |  |
|     | license or passport).  | Middle name                              | _ | Middle name                                   |  |  |  |
|     | Bring your picture   | Shamoun                                  |   |   |  |  |  |
|     | identification to your meeting with the trustee.   | Last name and Suffix (Sr., Jr., II, III) | _ | Last name and Suffix (Sr., Jr., II, III)      |  |  |  |
| 2.  | All other names you have   | •  |   |   |  |  |  |
|     | used in the last 8 years   | •  |   |   |  |  |  |
|     | Include your married or maiden names.  |  |   |   |  |  |  |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN) | xxx-xx-9506                              |   |   |  |  |  |

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Debtor 1 Anthony Shamoun

Case number (if known)

|  |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |  |
|--|---|---|--|--|--|--|
| 4.   | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |  |  |  |
|  | Include trade names and doing business as names   | Business name(s)  | Business name(s)   |  |  |  |
|  |   | EINs  | EINs   |  |  |  |
| 5.   | Where you live  |   | If Debtor 2 lives at a different address:  |  |  |  |
|  |   | 6224 N. Richmond, FL #1 Chicago, IL 60659 Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |  |  |  |
|  |   | Cook     County   | County   |  |  |  |
|  |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |  |
|  |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |  |
| Why you are choosing     this district to file for |   | Check one:  | Check one:   |  |  |  |
|  | bankruptcy  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |  |
|  |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |  |  |
|  |   |   |  |  |  |  |

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Case number (if known) Debtor 1 Anthony Shamoun

| Par | Tell the Court About  | our B       | ankruptcy Ca                  | se  |             |                     |                          |                              |
|-----|---|-------------|-------------------------------|---|-------------|---------------------|--------------------------|------------------------------|
| 7.  | The chapter of the Bankruptcy Code you are  |             |                               | rief description of each, see<br>go to the top of page 1 and  |             |                     | C. § 342(b) for Individu | uals Filing for Bankruptcy   |
|     | choosing to file under  | ☐ Chapter 7 |                               |   |             |                     |                          |                              |
|     |   | □с          | hapter 11                     |   |             |                     |                          |                              |
|     |   | □с          | hapter 12                     |   |             |                     |                          |                              |
|     |   | <b>■</b> C  | hapter 13                     |   |             |                     |                          |                              |
|     |   |             |                               |   |             |                     |                          |                              |
| 8.  | How you will pay the fee  |             | about how yo                  | attorney is submitting your p   | are paying  | the fee yourself,   | you may pay with cash    | , cashier's check, or money  |
|     |   |             |                               | the fee in installments. If   | ,           | e this option, sign | and attach the Applica   | ation for Individuals to Pay |
|     |   |             | ŭ                             | e <i>in Installment</i> s (Official For<br>t <b>my fee he waiyed</b> (You m   | ,           | this ontion only if | you are filing for Char  | nter 7. By law, a judge may  |
|     |   | Ц           | but is not requapplies to you | uest that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that es to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. |             |                     |                          |                              |
| 9.  | Have you filed for bankruptcy within the last 8 years?  | □ No        |                               |   |             |                     |                          |                              |
|     |   |             |                               | Northern District of  |             |                     |                          |                              |
|     |   |             | District                      | Illinois  | When        | 6/29/11             | Case number              | 11-27034                     |
|     |   |             | District                      |   | When        |                     | Case number              |                              |
|     |   |             | District                      |   | When        |                     | Case number              |                              |
| 10. | Are any bankruptcy cases pending or being   | ■ No        | )                             |   |             |                     |                          |                              |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | □ Ye        | es.                           |   |             |                     |                          |                              |
|     |   |             | Debtor                        |   |             |                     | Relationship to y        | ou                           |
|     |   |             | District                      |   | When        |                     | Case number, if          | known                        |
|     |   |             | Debtor                        |   |             |                     | Relationship to y        | ou                           |
|     |   |             | District                      |   | When        |                     | Case number, if          | known                        |
| 11. | Do you rent your  | ■ No        | Go to li                      | ne 12.  |             |                     |                          |                              |
|     | residence?  | — · · ·     |                               | ur landlord obtained an evict   | tion judgme | ent against you?    |                          |                              |
|     |   |             | ,s.                           | No. Go to line 12.  | , . 3       | 5 7 - 2             |                          |                              |
|     |   |             |                               | Yes. Fill out <i>Initial Statemen</i> this bankruptcy petition.   | nt About ar | n Eviction Judgme   | ent Against You (Form    | 101A) and file it as part of |
|     |   |             |                               |   |             |                     |                          |                              |

Document Page 4 of 57 Case number (if known) Debtor 1 **Anthony Shamoun** Part 3: Report About Any Businesses You Own as a Sole Proprietor Are you a sole proprietor ■ No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is ☐ Yes. alleged to pose a threat of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention?

Number, Street, City, State & Zip Code

Where is the property?

For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

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Debtor 1 Anthony Shamoun

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Part | 6: Answer These Quest  | ions for R   | eporting Purposes   |                          |  |   |  |  |  |
|------|--|--|---|--------------------------|--|---|--|--|--|
| 16.  | What kind of debts do you have?                                | 16a.   | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."            |                          |  |   |  |  |  |
|      | you nave.  |  | □ No. Go to line 16b.   | sorial, larmly, or float | seriola parpose.                             |   |  |  |  |
|      |  |  | Yes. Go to line 17.   |                          |  |   |  |  |  |
|      |  | 16b.   |   | ousiness debts? Bu       | siness debts are debts                       | that you incurred to obtain   |  |  |  |
|      |  |  | 6b. Are your debts primarily business debts? Business debts are debts that you incurred to obtai money for a business or investment or through the operation of the business or investment. |                          |  |   |  |  |  |
|      |  |  | ☐ No. Go to line 16c.   |                          |  |   |  |  |  |
|      |  |  | ☐ Yes. Go to line 17.   |                          |  |   |  |  |  |
|      |  | 16c.   | State the type of debts you   | owe that are not cons    | sumer debts or busines                       | s debts   |  |  |  |
| 17.  | Are you filing under<br>Chapter 7?                             | ■ No.  | I am not filing under Chapte  | er 7. Go to line 18.     |  |   |  |  |  |
|      | Do you estimate that after any exempt property is excluded and | ☐ Yes.   | I am filing under Chapter 7. are paid that funds will be a  |                          |  | erty is excluded and administrative expenses  |  |  |  |
|      | administrative expenses  |  | □No   |                          |  |   |  |  |  |
|      | are paid that funds will be available for                      |  | □Yes  |                          |  |   |  |  |  |
|      | distribution to unsecured creditors?                           |  |   |                          |  |   |  |  |  |
| 18.  | How many Creditors do ■ 1-                                     |  |   | <b>1</b> ,000-5,0        | 00   | <b>1</b> 25,001-50,000  |  |  |  |
|      | you estimate that you owe?                                     | ☐ 50-99  | I   | <b>5001-10,0</b>         | 000  | <b>5</b> 0,001-100,000  |  |  |  |
|      |  |  | ☐ 100-199<br>☐ 200-999  |                          | 5,000  | ☐ More than100,000  |  |  |  |
| 19.  | How much do you  | <b>\$</b> 0 - \$                                     | 550.000   | □ \$1,000,00             | )1 - \$10 million                            | ☐ \$500,000,001 - \$1 billion   |  |  |  |
|      | estimate your assets to be worth?                              | □ \$50,0   | 01 - \$100,000  |                          | 001 - \$50 million                           | □ \$1,000,000,001 - \$10 billion  |  |  |  |
|      |  | □ \$100,001 - \$500,000<br>□ \$500,001 - \$1 million |   |                          | 001 - \$100 million<br>,001 - \$500 million  | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion                               |  |  |  |
| 20.  | How much do you  | □ \$0 - \$   | 50,000  | □ \$1,000,00             | 01 - \$10 million                            | ☐ \$500,000,001 - \$1 billion   |  |  |  |
|      | estimate your liabilities to be?                               |  | 001 - \$100,000   |                          | 001 - \$50 million<br>001 - \$100 million    | □ \$1,000,000,001 - \$10 billion  |  |  |  |
|      |  |  | 001 - \$500,000<br>001 - \$1 million  | + / / -                  | ,001 - \$100 million<br>,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion                              |  |  |  |
| Part | 7: Sign Below  |  |   |                          |  |   |  |  |  |
| For  | you  | I have ex  | camined this petition, and I de   | eclare under penalty of  | of perjury that the inforn                   | nation provided is true and correct.  |  |  |  |
|      |  |  |   |                          |  | under Chapter 7, 11,12, or 13 of title 11, oose to proceed under Chapter 7.             |  |  |  |
|      |  |  | rney represents me and I did<br>nt, I have obtained and read t  |                          |  | t an attorney to help me fill out this  |  |  |  |
|      |  | I request  | relief in accordance with the   | chapter of title 11, U   | nited States Code, spec                      | cified in this petition.  |  |  |  |
|      |  | bankrupt<br>and 357                                  | cy case can result in fines up<br>1.  |                          |  | or property by fraud in connection with a rears, or both. 18 U.S.C. §§ 152, 1341, 1519, |  |  |  |
|      |  |  | nony Shamoun<br>ny Shamoun  |                          | Signature of Debto                           | r 2   |  |  |  |
|      |  |  | e of Debtor 1   |                          |  |   |  |  |  |
|      |  | Executed   | July 14, 2018<br>MM / DD / YYYY   |                          | Executed on MM                               | / DD / YYYY   |  |  |  |

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Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Joseph              | Q. Lou                 | Date          | July 14, 2018       |
|-------------------------|------------------------|---------------|---------------------|
| Signature of            | Attorney for Debtor    |               | MM / DD / YYYY      |
|                         | Lou 6290082            |               |                     |
| Printed name  Joseph Q. | Lou II C               |               |                     |
| Firm name               | Lou, LLO               |               |                     |
| 4001 W. D               | evon Ave               |               |                     |
| Suite 201               |                        |               |                     |
| Chicago, I              | L 60646                |               |                     |
| Number, Street,         | City, State & ZIP Code |               |                     |
| Contact phone           | 773-286-8484           | Email address | COURT@JOSEPHLOU.COM |
| 6290082 IL              | _                      |               |                     |
| Bar number & St         | toto                   |               |                     |

Document Page 8 of 57 Fill in this information to identify your case: Debtor 1 **Anthony Shamoun** Middle Name First Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known)

☐ Check if this is an amended filing

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Pa | t 1: Summarize Your Assets   |              |                               |
|----|--|--------------|-------------------------------|
|    |  | Your as      | ssets<br>f what you own       |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B   | \$           | 0.00                          |
|    | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$           | 17,750.00                     |
|    | 1c. Copy line 63, Total of all property on Schedule A/B  | \$           | 17,750.00                     |
| Pa | t 2: Summarize Your Liabilities  |              |                               |
|    |  |              | <b>abilities</b><br>I you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$           | 28,214.00                     |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$           | 0.00                          |
|    | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$           | 25,781.72                     |
|    | Your total liabilities   | \$           | 53,995.72                     |
| Pa | t 3: Summarize Your Income and Expenses  |              |                               |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$           | 2,110.61                      |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$           | 1,910.61                      |
| Pa | t 4: Answer These Questions for Administrative and Statistical Records   |              |                               |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ır other sch | nedules.                      |
| 7. | ■ Yes What kind of debt do you have?   |              |                               |
|    | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a   | a personal,  | family, or                    |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

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the court with your other schedules.

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| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              |

2,827.12

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total | claim |
|--|-------|-------|
| From Part 4 on Schedule E/F, copy the following:   |       |       |
| 9a. Domestic support obligations (Copy line 6a.)   | \$    | 0.00  |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$    | 0.00  |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$    | 0.00  |
| 9d. Student loans. (Copy line 6f.)   | \$    | 0.00  |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$    | 0.00  |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$   | 0.00  |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$    | 0.00  |

|                 |                                  |                           | Document                              | Page 10 of 57                  |  |                                       |
|-----------------|----------------------------------|---------------------------|---------------------------------------|--------------------------------|--|---------------------------------------|
| Fill in         | this informa                     | ation to identify your    | case and this filing:                 |                                |  |                                       |
| Debto           | r 1                              | Anthony Shamo             | un                                    |                                |  |                                       |
|                 |                                  | First Name                | Middle Name                           | Last Name                      |  |                                       |
| Debto           | r 2<br>e, if filing)             | First Name                | Middle Name                           | Last Name                      |  |                                       |
| Spouse          | s, ii iiiiig)                    | Filst Name                | iviladie Name                         | Last Name                      |  |                                       |
| United          | d States Banl                    | kruptcy Court for the:    | NORTHERN DISTRICT OF ILLI             | NOIS                           |  |                                       |
| Case            | number                           |                           |                                       |                                |  | ☐ Check if this is an                 |
| Case            |                                  |                           |                                       | _                              |  | □ Check if this is an amended filing  |
|                 |                                  |                           |                                       |                                |  | amonaca ming                          |
|                 |                                  |                           |                                       |                                |  |                                       |
| Offic           | cial For                         | m 106A/B                  |                                       |                                |  |                                       |
| Sch             | nedule                           | A/B: Prop                 | ertv                                  |                                |  | 12/15                                 |
|                 |                                  |                           | pe items. List an asset only once. If | an asset fits in more than o   | ne category, list the asset in                         |                                       |
| think it        | fits best. Be                    | as complete and accura    | ate as possible. If two married peopl | le are filing together, both a | re equally responsible for sup                         | pplying correct                       |
|                 | ation. If more :<br>every questi |                           | a separate sheet to this form. On the | e top of any additional pag    | es, write your name and case                           | number (if known).                    |
|                 | ■                                | <b></b>                   |                                       |                                |  |                                       |
| Part 1:         | Describe E                       | ach Residence, Building   | g, Land, or Other Real Estate You O   | wn or Have an Interest In      |  |                                       |
| 1. <b>Do</b> y  | ou own or ha                     | ve any legal or equitabl  | e interest in any residence, building | , land, or similar property?   |  |                                       |
| _               |                                  |                           |                                       |                                |  |                                       |
| ■ N             | lo. Go to Part 2                 | 2.                        |                                       |                                |  |                                       |
| ☐ Y             | es. Where is t                   | the property?             |                                       |                                |  |                                       |
| Part 2:         | Doscribo V                       | our Vehicles              |                                       |                                |  |                                       |
| r dit 2.        | Dodding 1                        | our voilloide             |                                       |                                |  |                                       |
| 3. <b>Ca</b> li | lo                               | cks, tractors, sport u    | tility vehicles, motorcycles          |                                |  |                                       |
| 3.1             | Make: C                          | hrysler                   | Who has an interest in the            | ne property? Check one         | Do not deduct secured cla                              |                                       |
| 0               |                                  | 00                        | Debtor 1 only                         | o property : oneok one         | the amount of any secured<br>Creditors Who Have Clain  |                                       |
|                 |                                  | 007                       | Debtor 2 only                         |                                |  | , , ,                                 |
|                 | Approximate                      |                           | Debtor 1 and Debtor 2                 | only                           | Current value of the<br>entire property?               | Current value of the portion you own? |
|                 | Other informa                    |                           | ☐ At least one of the debt            |                                |  |                                       |
| Γ               |                                  |                           |                                       |                                | <b>A.</b>  |                                       |
|                 |                                  |                           | ☐ Check if this is comm               | unity property                 | \$5,150.00   | \$5,150.00                            |
| L               |                                  |                           | (see instructions)                    |                                |  |                                       |
|                 |                                  |                           |                                       |                                | 5  |                                       |
| 3.2             | Make: K                          | ia                        | Who has an interest in th             | e property? Check one          | Do not deduct secured cla<br>the amount of any secured |                                       |
|                 | Model: So                        | oul                       | Debtor 1 only                         |                                | Creditors Who Have Clair                               |                                       |
|                 | Year: 20                         | 017                       | Debtor 2 only                         |                                | Current value of the                                   | Current value of the                  |
|                 | Approximate                      |                           | Debtor 1 and Debtor 2                 | •                              | entire property?                                       | portion you own?                      |
| г               | Other informa                    |                           | At least one of the deb               | ors and another                |  |                                       |
|                 | (Will Surr                       | ender)                    | ☐ Check if this is comm               | unity property                 | \$11,000.00  | \$11,000.00                           |
|                 |                                  |                           | (see instructions)                    | unity property                 |  |                                       |
|                 |                                  |                           |                                       |                                |  |                                       |
|                 |                                  |                           |                                       |                                |  |                                       |
|                 |                                  |                           | TVs and other recreational vehi       |                                |  |                                       |
| Exar            | mpies: Boats                     | s, trailers, motors, pers | onal watercraft, fishing vessels, sr  | nowmobiles, motorcycle a       | ccessories   |                                       |
|                 | ı.                               |                           |                                       |                                |  |                                       |
| ■ N             | 10                               |                           |                                       |                                |  |                                       |

☐ Yes

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Case number (if known) Document Debtor 1 **Anthony Shamoun** 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$16,150.00 pages you have attached for Part 2. Write that number here......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... **Used Household Items and Furnitues** \$400.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... \$200.00 Used Hosuehold Electronics 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No Yes. Describe..... Used Clothings \$200.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe..... \$300.00 Misc. Jewelry Items

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No

☐ Yes. Describe.....

| De  | ebtor 1                   | Case 18-19 Anthony Shar  |                                    | oc 1                      | Filed 0<br>Docu | 7/17/18<br>ment | Entered (<br>Page 12 o | 07/17/18 13:45:57<br>f 57<br>Case number (if known) | Desc Main  |
|-----|---------------------------|--|------------------------------------|---------------------------|-----------------|-----------------|------------------------|---|--|
|     | ■ No                      | er personal and  | household ite                      | ems you                   | u did not al    | ready list, i   | ncluding any he        | alth aids you did not list                          |  |
|     |                           | Give specific infor  |                                    |                           |                 |                 |                        |   |  |
| 15  |                           | ne dollar value of<br>rt 3. Write that nu  |                                    |                           |                 |                 |                        | ages you have attached                              | \$1,100.00   |
|     |                           | cribe Your Financia<br>n or have any leç   |                                    | e intere                  | est in any o    | f the follow    | ring?                  |   | Current value of the portion you own?  Do not deduct secured |
|     | □ No ´                    | les: Money you ha  | ,                                  |                           | ŕ               | ·               | ,                      | nand when you file your petiti                      | claims or exemptions.  |
|     |                           |  |                                    |                           |                 |                 |                        | Available<br>Cash                                   | \$100.00   |
| 17. | Exampl                    |  |                                    |                           |                 |                 | of deposit; shares     | s in credit unions, brokerage h                     | nouses, and other similar                                    |
|     | □ No<br>■ Yes             |  |                                    |                           |                 | Institution r   | name:                  |   |  |
|     |                           |  | 17.1. <b>Chec</b>                  | king                      |                 | Chase           |                        |   | \$400.00   |
| 18. |                           | mutual funds, or<br>les: Bond funds, ir  |                                    |                           |                 | e firms, mor    | ney market accou       | ints  |  |
|     | ☐ Yes                     |  |                                    |                           | ssuer name:     |                 |                        |   |  |
| 19. | joint ve                  |  | ck and interes                     | ts in in                  | corporated      | and unince      | orporated busin        | esses, including an interes                         | t in an LLC, partnership, and                                |
|     | ☐ Yes.                    | Give specific infor  | mation about the<br>Name of er     |                           |                 |                 |                        | % of ownership:                                     |  |
|     | Negotia<br>Non-ne<br>■ No | ment and corpor<br>able instruments in<br>gotiable instrumen<br>Give specific inform | nclude persona<br>nts are those yo | l check<br>ou canr<br>nem | s, cashiers'    | checks, pro     | missory notes, ar      | nd money orders.                                    |  |
| 21. | _Examp                    | ent or pension a<br>les: Interests in IR   |                                    | ogh, 401                  | 1(k), 403(b),   | thrift saving   | s accounts, or ot      | her pension or profit-sharing                       | plans  |
|     | ■ No<br>□ Yes. L          | ist each account   | separately.<br>Type of accou       | unt:                      |                 | Institution r   | name:                  |   |  |
| 22. | Your sh                   |  | deposits you h                     |                           |                 |                 |                        | ise from a company telecommunications compar        | nies, or others  |
|     | _                         |  |                                    |                           |                 | Institution r   | name or individua      | ıl:   |  |
|     | Annuition No              | es (A contract for   | a periodic payr                    | ment of                   | money to yo     | ou, either fo   | r life or for a num    | ber of years)                                       |  |

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Case number (if known) Document Debtor 1 **Anthony Shamoun** Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ■ No ☐ Yes. Name the insurance company of each policy and list its value. Surrender or refund Company name: Beneficiary: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim.......

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Case number (if known) Document Debtor 1 **Anthony Shamoun** 35. Any financial assets you did not already list ■ No  $\square$  Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$500.00 for Part 4. Write that number here...... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$16,150.00 Part 3: Total personal and household items, line 15 57. \$1,100.00 Part 4: Total financial assets, line 36 \$500.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00 62. Total personal property. Add lines 56 through 61... \$17,750.00 Copy personal property total \$17,750.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$17,750.00

Official Form 106A/B Schedule A/B: Property page 5

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Doc 1

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Desc Main

|   |                          |                   | 111 1 400 13 01 37 |  |
|---|--------------------------|-------------------|--------------------|--|
| Fill in this infor                      | rmation to identify your | case:             |                    |  |
| Debtor 1                                | Anthony Shamou           | ın                |                    |  |
|   | First Name               | Middle Name       | Last Name          |  |
| Debtor 2                                |                          |                   |                    |  |
| (Spouse if, filing)                     | First Name               | Middle Name       | Last Name          |  |
| United States Bankruptcy Court for the: |                          | NORTHERN DISTRICT | OF ILLINOIS        |  |
| Case number                             |                          |                   |                    |  |
| (if known)                              |                          |                   |                    |  |
|   |                          |                   |                    |  |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify the | e Property Y | ou Claim as | s Exempt |
|---------|--------------|--------------|-------------|----------|
|---------|--------------|--------------|-------------|----------|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the<br>portion you own | Current value of the portion you own  Copy the value from Schedule A/B  Amount of the exemption you claim  Check only one box for each exemption. |   | Specific laws that allow exemption |  |
|--|---|---|---|------------------------------------|--|
|  |   |   |   |                                    |  |
| Used Household Items and Furnitues Line from Schedule A/B: 6.1                         | \$400.00                                |   | \$400.00  | 735 ILCS 5/12-1001(b)              |  |
| Lille Hotti Schedule AVB. V.1  |   | ☐ 100% of fair market value, up to any applicable statutory limit   |   |                                    |  |
| Used Hosuehold Electronics Line from Schedule A/B: 7.1                                 | \$200.00                                |   | \$200.00  | 735 ILCS 5/12-1001(b)              |  |
| Lille Hotti Schedule AVB. 7-1  |   |   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Used Clothings Line from Schedule A/B: 11.1  | \$200.00                                |   | \$200.00  | 735 ILCS 5/12-1001(a)              |  |
| Ellie Holli Scheddle Alb. 11.1   |   |   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Misc. Jewelry Items Line from Schedule A/B: 12.1                                       | \$300.00                                |   | \$300.00  | 735 ILCS 5/12-1001(b)              |  |
| Life from Schedule AVB. 12.1   |   |   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Available Cash Line from Schedule A/B: 16.1  | \$100.00                                |   | \$100.00  | 735 ILCS 5/12-1001(b)              |  |
| Line Holli Schedule AVB. 10.1  |   |   | 100% of fair market value, up to any applicable statutory limit |                                    |  |

Entered 07/17/18 13:45:57 Document Page 16 of 57 **Anthony Shamoun** Case number (if known) Brief description of the property and line on *Schedule A/B* that lists this property Current value of the Amount of the exemption you claim Specific laws that allow exemption portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Checking: Chase** 735 ILCS 5/12-1001(b) \$400.00 \$400.00 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Filed 07/17/18

Case 18-19957

Yes

Doc 1

Desc Main

|                                      |                             | Document Page   | 17 of 57                             |  |                   |
|--------------------------------------|-----------------------------|---|--------------------------------------|--|-------------------|
| Fill in this informa                 | tion to identify you        | ur case:  |                                      |  |                   |
| Debtor 1                             | Anthony Shame               | oun   |                                      |  |                   |
| Debior 1                             | First Name                  | Middle Name Last Name   | )                                    | -                                      |                   |
| Debtor 2                             |                             |   |                                      |  |                   |
| (Spouse if, filing)                  | First Name                  | Middle Name Last Name   | )                                    | -                                      |                   |
| United States Bank                   | runtou Court for the        | : NORTHERN DISTRICT OF ILLINOIS   |                                      |  |                   |
| United States Bank                   | rupicy Court for the        | NORTHERN DISTRICT OF IEEINOIS   |                                      | _                                      |                   |
| Case number                          |                             |   |                                      |  |                   |
| (if known)                           |                             |   |                                      | ☐ Check                                | if this is an     |
|                                      |                             |   |                                      | amend                                  | ded filing        |
|                                      |                             |   |                                      |  |                   |
| Official Form                        | <u>106D</u>                 |   |                                      |  |                   |
| Schedule D                           | : Creditors                 | Who Have Claims Secur   | ed by Propert                        | tv                                     | 12/15             |
|                                      |                             |   |                                      |  |                   |
|                                      |                             | If two married people are filing together, both are out, number the entries, and attach it to this form         |                                      |  |                   |
| number (if known).                   | duttonar r age, mr it       | out, number the entries, and attach it to this form   | ii. On the top of any addition       | onai pages, write your na              | ille alla case    |
| . Do any creditors ha                | ave claims secured b        | y your property?  |                                      |  |                   |
| □ No. Check th                       | nis box and submit t        | his form to the court with your other schedules   | s. You have nothing else             | to report on this form.                |                   |
| _                                    |                             | ·   | o. Tournavo nonning oloo             | to roport on time form.                |                   |
| Yes. Fill in a                       | Il of the information       | below.  |                                      |  |                   |
| Part 1: List All S                   | Secured Claims              |   |                                      |  |                   |
|                                      |                             | more than one secured claim, list the creditor separa   |                                      | Column B                               | Column C          |
|                                      |                             | s a particular claim, list the other creditors in Part 2. <i>i</i> ical order according to the creditor's name. | As Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion |
| ——                                   | tile cialilis ili alpilabet | ical order according to the creditor's marile.  | value of collateral.                 | claim                                  | If any            |
| 2.1 Landmark C                       | Credit Union                | Describe the property that secures the claim:   | \$20,117.00                          | \$11,000.00                            | \$9,117.00        |
| Creditor's Name                      |                             | 2017 Kia Soul   |                                      |  |                   |
|                                      |                             | (Will Surrender)  |                                      |  |                   |
| 5445.0 \                             |                             | As of the date you file, the claim is: Check all that   | _l<br>t                              |  |                   |
| 5445 S Wes<br>New Berlin,            |                             | apply.  |                                      |  |                   |
|                                      |                             | ☐ Contingent  |                                      |  |                   |
| Number, Street, Ci                   | ity, State & Zip Code       | ☐ Unliquidated  |                                      |  |                   |
| Who owes the debt                    | 2 Chack and                 | LI Disputed  Nature of lien. Check all that apply.  |                                      |  |                   |
| _                                    | r Check one.                | _   | · · · · · · · · ·                    |  |                   |
| ■ Debtor 1 only                      |                             |   | r secured                            |  |                   |
| ☐ Debtor 2 only                      |                             | _   |                                      |  |                   |
| Debtor 1 and Debtor                  |                             | ☐ Statutory lien (such as tax lien, mechanic's lier   | n)                                   |  |                   |
| At least one of the                  |                             | ☐ Judgment lien from a lawsuit  |                                      |  |                   |
| ☐ Check if this clair community debt |                             | Other (including a right to offset)   |                                      |  |                   |
| community dobt                       |                             |   |                                      |  |                   |
|                                      | Opened                      |   |                                      |  |                   |
|                                      | 06/17 Last                  |   |                                      |  |                   |
| Data dabt in account                 | Active                      | Last 4 digits of account number 014   | 13                                   |  |                   |
| Date debt was incurr                 | ed 4/05/18                  | Last 4 digits of account number U14   |                                      |  |                   |
|                                      |                             |   | <b>**</b> ***                        | **                                     | ** ***            |
| 2.2 Syncb/matt                       | ress Firm In                | Describe the property that secures the claim:   | \$1,197.00                           | \$0.00                                 | \$1,197.00        |
| Creditor's Name                      |                             | Charge Account  |                                      |  |                   |
|                                      |                             |   |                                      |  |                   |
| C/o Po Box                           | 965036                      | As of the date you file, the claim is: Check all that   | t                                    |  |                   |
| Orlando, FL                          |                             | apply.<br>□ Contingent  |                                      |  |                   |
|                                      | ity, State & Zip Code       | ☐ Unliquidated  |                                      |  |                   |
|                                      | ,, state a <u>Lip</u> code  | ☐ Disputed  |                                      |  |                   |
| Who owes the debt                    | ? Check one.                | Nature of lien. Check all that apply.   |                                      |  |                   |
| ■ Debtor 1 only                      |                             | ☐ An agreement you made (such as mortgage or  | r secured                            |  |                   |
| Debtor 2 only                        |                             | car loan)   |                                      |  |                   |
| Debtor 1 and Debt                    | or 2 only                   | ☐ Statutory lien (such as tax lien, mechanic's lier   | n)                                   |  |                   |
| - Depublicand Debt                   | UI Z UI II V                | JIGUULOIV HEH (SUUH AS LAX HEH), INECHANICS HEF   | i i                                  |  |                   |

☐ Judgment lien from a lawsuit

☐ At least one of the debtors and another

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| Debtor 1 Anthony  |   |  | Cas             | se number (if know)        |            |            |  |
|---|---|--|-----------------|----------------------------|------------|------------|--|
| First Name  | Middle N                                  | ame Last Name  |                 |                            |            |            |  |
| ☐ Check if this claim r community debt                                    | elates to a                               | Other (including a right to offset)  |                 |                            |            |            |  |
| Date debt was incurred  | Opened<br>05/18 Last<br>Active<br>6/17/18 | Last 4 digits of account number  | 5551            |                            |            |            |  |
| 2.3 Wells Fargo D   | Dealer Svc                                | Describe the property that secures the o   | claim:          | \$6,900.00                 | \$5,150.00 | \$1,750.00 |  |
| Creditor's Name   |   | 2007 Chrysler 300  |                 | <u> </u>                   |            | · ,        |  |
| Po Box 1697 Winterville, NC 28590  Number, Street, City, State & Zip Code |   | As of the date you file, the claim is: Checapply.  Contingent Unliquidated       | k all that      |                            |            |            |  |
| Who owes the debt?  | ·   | ☐ Disputed  Nature of lien. Check all that apply.                                |                 |                            |            |            |  |
| ■ Debtor 1 only □ Debtor 2 only   |   | An agreement you made (such as mort car loan)                                    | gage or secured | d                          |            |            |  |
| Debtor 1 and Debtor   | 2 only                                    | ☐ Statutory lien (such as tax lien, mechanic's lien)                             |                 |                            |            |            |  |
| ☐ At least one of the de  | ,   | ☐ Judgment lien from a lawsuit   | ,               |                            |            |            |  |
| ☐ Check if this claim relates to a community debt                         |   | Other (including a right to offset)  |                 |                            |            |            |  |
| Date debt was incurred  | Opened<br>05/18 Last<br>Active<br>5/31/18 | Last 4 digits of account number  | 3817            |                            |            |            |  |
|   | of your form, add                         | column A on this page. Write that number the dollar value totals from all pages. | here:           | \$28,214.00<br>\$28,214.00 |            |            |  |

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

|                                     |                                     |   | Docu   | ment Page 1  | 9 of 57   |   |
|-------------------------------------|-------------------------------------|---|--|--|---|---|
| Fill in th                          | is information                      | n to identify your ca   | ise:   |  |   |   |
| Debtor 1                            | А                                   | nthony Shamoun  |  |  |   |   |
|                                     |                                     | st Name   | Middle Name                                      | Last Name  |   |   |
| Debtor 2<br>(Spouse if,             |                                     | st Name   | Middle Name                                      | Last Name  |   |   |
| (Spouse II,                         | illing) Fils                        | st ivallie  | Middle Name                                      | Last Name  |   |   |
| United S                            | States Bankrup                      | tcy Court for the:  | NORTHERN DISTR                                   | RICT OF ILLINOIS                                     |   |   |
| Case nu                             | mber                                |   |  |  |   |   |
| (if known)                          |                                     |   |  |  |   | Check if this is an                               |
|                                     |                                     |   |  |  |   | amended filing                                    |
| Officia                             | ıl Form 10                          | NEE/E   |  |  |   |   |
|                                     |                                     |   | no Have Ilnee                                    | ecured Claims  |   | 12/15   |
|                                     |                                     |   |  |  | Part 2 for creditors with NONPRIORITY of  |   |
| Schedule<br>Schedule<br>left. Attac | G: Executory C<br>D: Creditors W    | contracts and Unexpir<br>ho Have Claims Secu<br>ion Page to this page | ed Leases (Official Fo<br>red by Property. If mo | rm 106G). Do not include<br>re space is needed, copy | contracts on Schedule A/B: Property (Of<br>any creditors with partially secured clai<br>the Part you need, fill it out, number the<br>do not file that Part. On the top of any ac | ms that are listed in entries in the boxes on the |
| Part 1:                             |                                     | our PRIORITY Uns  |  |  |   |   |
| _                                   | •                                   | ve priority unsecured   | claims against you?                              |  |   |   |
|                                     | o. Go to Part 2.                    |   |  |  |   |   |
| □ Y                                 | _                                   |   |  |  |   |   |
| Part 2:                             |                                     | our NONPRIORITY   |  |  |   |   |
| _                                   | •                                   | ve nonpriority unsecu   |  |  |   |   |
| ЦN                                  | o. You have not                     | ning to report in this par  | t. Submit this form to th                        | ne court with your other sch                         | edules.   |   |
| ■ Y                                 | es.                                 |   |  |  |   |   |
| unse                                | cured claim, list one creditor hold | the creditor separately t   | or each claim. For each                          | n claim listed, identify what                        | o holds each claim. If a creditor has more type of claim it is. Do not list claims already n three nonpriority unsecured claims fill out  | included in Part 1. If more                       |
|                                     |                                     |   |  |  |   | Total claim                                       |
| 4.1                                 | Amex                                |   | Last 4 d   | ligits of account number                             | 1793  | \$540.00  |
| 1                                   | Nonpriority Cred                    | itor's Name   |  |  | Omenad OC/47 Leat Active  |   |
|                                     | Po Box 2978                         |   | When w   | as the debt incurred?                                | Opened 06/17 Last Active 6/17/18  |   |
| _                                   |                                     | dale, FL 33329  |  |  |   | <u> </u>  |
|                                     |                                     | ity State Zlp Code  | As of th   | e date you file, the claim                           | is: Check all that apply  |   |
|                                     | Debtor 1 only                       |   | По   |  |   |   |
|                                     | Debtor 2 only                       |   | ☐ Cont   | =  |   |   |
|                                     | Debtor 1 and                        |   | ☐ Unlic  | •  |   |   |
|                                     |                                     | of the debtors and anoth  | _ `.   | NONPRIORITY unsecure                                 | ed claim:   |   |
|                                     |                                     | or the debtors and anoth  |  | ent loans  |   |   |
|                                     | debt                                | , ciaiiii is ioi a coillilli  |  | gations arising out of a sep                         | aration agreement or divorce that you did no  | ot  |
|                                     | ls the claim sub                    | ject to offset?   | report as  | s priority claims                                    |   |   |
|                                     | No                                  |   |  | ·  | ng plans, and other similar debts   |   |
| I                                   | ☐ Yes                               |   | Othe   | er. Specify Credit Care                              | d   |   |

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Case number (if know)

| Debt | or 1 Anthony Shamoun   |   | Case number (if know)                         |            |
|------|--|---|---|------------|
| 4.2  | Annie John MD  | Last 4 digits of account number                             | 3554  | \$202.66   |
|      | Nonpriority Creditor's Name PO Box 2248  | When was the debt incurred?                                 |   |            |
|      | Carol Stream, IL 60132  Number Street City State Zlp Code                      | As of the date you file, the claim                          | is: Check all that apply                      |            |
|      | Who incurred the debt? Check one.  |   |   |            |
|      | ■ Debtor 1 only  | ☐ Contingent  |   |            |
|      | Debtor 2 only  | Unliquidated  |   |            |
|      | Debtor 1 and Debtor 2 only   | ☐ Disputed  | d alaim.                                      |            |
|      | At least one of the debtors and another  | Type of NONPRIORITY unsecure  ☐ Student loans               | a claim:                                      |            |
|      | ☐ Check if this claim is for a community debt  Is the claim subject to offset? | _   | aration agreement or divorce that you did not |            |
|      | ■ No   | Debts to pension or profit-shari                            | ng plans, and other similar debts             |            |
|      | Yes  | Other. Specify Medical Bi                                   | lls   |            |
| 4.3  | Avant Llc/web Bank   | Last 4 digits of account number                             | 8911  | \$355.00   |
|      | Nonpriority Creditor's Name  222 N. Lasalle St Chicago, IL 60601               | When was the debt incurred?                                 | Opened 05/18 Last Active 6/11/18              |            |
|      | Number Street City State Zlp Code Who incurred the debt? Check one.            | As of the date you file, the claim                          |   |            |
|      | Debtor 1 only  | ☐ Contingent  |   |            |
|      | Debtor 2 only  | ☐ Unliquidated  |   |            |
|      | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |            |
|      | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecure                                | d claim:                                      |            |
|      | ☐ Check if this claim is for a community                                       | Student loans   |   |            |
|      | debt Is the claim subject to offset?   | Obligations arising out of a sep report as priority claims  | aration agreement or divorce that you did not |            |
|      | ■ No   | ☐ Debts to pension or profit-shari                          |   |            |
|      | Yes  | Other. Specify Credit Care                                  | <u>d</u>                                      |            |
| 4.4  | Capital One  | Last 4 digits of account number                             | 0434  | \$1,331.00 |
|      | Nonpriority Creditor's Name 15000 Capital One Dr Richmond, VA 23238            | When was the debt incurred?                                 | Opened 03/17 Last Active 4/07/18              |            |
|      | Number Street City State Zlp Code Who incurred the debt? Check one.            | As of the date you file, the claim                          | is: Check all that apply                      |            |
|      | Debtor 1 only  | ☐ Contingent  |   |            |
|      | Debtor 2 only  | ☐ Unliquidated  |   |            |
|      | Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |            |
|      | lacksquare At least one of the debtors and another                             | Type of NONPRIORITY unsecure                                | d claim:                                      |            |
|      | ☐ Check if this claim is for a community debt                                  | 0 0 1   | aration agreement or divorce that you did not |            |
|      | Is the claim subject to offset?  | report as priority claims  Debts to pension or profit-shari | ng plans, and other similar debts             |            |
|      | ■ No □ Yes   | Other. Specify Credit Care                                  |   |            |
|      | <b>□</b> 162   | Other. Specify  | <i>-</i>                                      |            |

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Debtor 1 Anthony Shamoun Case number (if know) 4.5 Capital One Last 4 digits of account number 3159 \$331.00 Nonpriority Creditor's Name Opened 12/12 Last Active 15000 Capital One Dr When was the debt incurred? 3/13/18 Richmond, VA 23238 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card 4.6 Cbna Last 4 digits of account number 6941 \$6,003.00 Nonpriority Creditor's Name Opened 01/17 Last Active 50 Northwest Point Road When was the debt incurred? 4/24/18 Elk Grove Village, IL 60007 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.7 Cepamerica Illinois LLP Last 4 digits of account number 9819 \$137.21 Nonpriority Creditor's Name PO Box 582663 When was the debt incurred? Modesto, CA 95358 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No Collection Agency or Attorney(s) for ☐ Yes Other Specify Presence St. Francis Hospital

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Debtor 1 Anthony Shamoun Case number (if know) 4.8 Comenity Bank/carsons Last 4 digits of account number 9206 \$1,735.00 Nonpriority Creditor's Name Opened 03/13 Last Active Po Box 182789 When was the debt incurred? 5/09/18 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Charge Account 4.9 Comenity Bank/express Last 4 digits of account number \$250.00 Nonpriority Creditor's Name Opened 05/18 Last Active Po Box 182789 When was the debt incurred? 6/16/18 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.1 Comenitycb/forever21 6245 \$106.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 08/16 Last Active Po Box 182120 When was the debt incurred? 5/04/18 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim:  $\square$  At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes

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Debtor 1 Anthony Shamoun Case number (if know) 4.1 Credit First N A 4494 \$1,042.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 10/14 Last Active 6275 Eastland Rd When was the debt incurred? 5/03/17 Brookpark, OH 44142 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.1 Credit One Bank Na 8802 \$1.812.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 02/13 Last Active Po Box 98872 When was the debt incurred? 5/04/18 Las Vegas, NV 89193 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Credit Card** Other, Specify 4.1 First Premier Bank 1826 \$905.00 Last 4 digits of account number 3 Nonpriority Creditor's Name Opened 01/13 Last Active 3820 N Louise Ave When was the debt incurred? 5/04/18 Sioux Falls, SD 57107 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes

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Case number (if know)

| Deb      | Anthony Shailloun   |  | Case Humber (II know)                        |          |
|----------|---|--|--|----------|
| 4.1<br>4 | First Premier Bank  | Last 4 digits of account number                            | 7425   | \$862.00 |
|          | Nonpriority Creditor's Name   |  | Opened 03/16 Last Active                     |          |
|          | 3820 N Louise Ave<br>Sioux Falls, SD 57107                          | When was the debt incurred?                                | 4/24/18                                      |          |
|          | Number Street City State ZIp Code                                   | As of the date you file, the claim                         | is: Check all that apply                     |          |
|          | Who incurred the debt? Check one.                                   |  | ,  |          |
|          | ■ Debtor 1 only   | ☐ Contingent   |  |          |
|          | Debtor 2 only   | ☐ Unliquidated   |  |          |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |          |
|          | $\square$ At least one of the debtors and another                   | Type of NONPRIORITY unsecure                               | d claim:                                     |          |
|          | ☐ Check if this claim is for a community                            | Student loans  |  |          |
|          | debt Is the claim subject to offset?                                | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |          |
|          | No  | Debts to pension or profit-sharir                          | o plans, and other similar debts             |          |
|          | ■ No □ Yes  |  |  |          |
|          | ☐ Yes   | Other. Specify Credit Card                                 | <u> </u>                                     |          |
| 4.1<br>5 | Genesis Bc/celtic Bank  | Last 4 digits of account number                            | 2162   | \$331.00 |
|          | Nonpriority Creditor's Name   | _  |  |          |
|          | 268 S State St Ste 300<br>Salt Lake City, UT 84111                  | When was the debt incurred?                                | Opened 04/18 Last Active 6/12/18             |          |
|          | Number Street City State Zlp Code                                   | As of the date you file, the claim                         | is: Check all that apply                     |          |
|          | Who incurred the debt? Check one.                                   |  |  |          |
|          | Debtor 1 only   | ☐ Contingent   |  |          |
|          | ☐ Debtor 2 only   | ☐ Unliquidated   |  |          |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |          |
|          | $\square$ At least one of the debtors and another                   | Type of NONPRIORITY unsecure                               | d claim:                                     |          |
|          | ☐ Check if this claim is for a community debt                       | Student loans  |  |          |
|          | Is the claim subject to offset?                                     | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |          |
|          | ■ No  | Debts to pension or profit-sharing                         | g plans, and other similar debts             |          |
|          | Yes   | ■ Other. Specify Credit Card                               | I  |          |
|          |   |  |  |          |
| 4.1<br>6 | Kohls/capone  | Last 4 digits of account number                            | 0919   | \$298.00 |
|          | Nonpriority Creditor's Name   |  | Opened 05/18 Last Active                     |          |
|          | N56 W 17000 Ridgewood Dr<br>Menomonee Falls, WI 53051               | When was the debt incurred?                                | 6/15/18                                      |          |
|          | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim                         | is: Check all that apply                     |          |
|          | ■ Debtor 1 only   | ☐ Contingent   |  |          |
|          | Debtor 2 only   | ☐ Unliquidated   |  |          |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |          |
|          | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecure                               | d claim:                                     |          |
|          | ☐ Check if this claim is for a community                            | ·  |  |          |
|          | debt Is the claim subject to offset?                                | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |          |
|          | No  | Debts to pension or profit-sharir                          | g plans, and other similar debts             |          |
|          | ☐ Yes   |  |  |          |
|          | <b>─</b> 1€3  | ■ Other. Specify Charge Acc                                | ZOUIN.                                       |          |

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Debtor 1 Anthony Shamoun Case number (if know) 4.1 **Landmark Credit Union** 143 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 510910 New Berlin, WI 53151 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Additional Notice ☐ Yes 4.1 Merchants Credit Guide Co 3554 \$0.00 Last 4 digits of account number 8 Nonpriority Creditor's Name 223 W. Jackson Blvd, #700 When was the debt incurred? Chicago, IL 60606 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection Agency for Annie John MD ☐ Yes 4.1 Merrick Bank Corp 3964 \$751.00 Last 4 digits of account number 9 Nonpriority Creditor's Name Opened 05/18 Last Active Po Box 9201 When was the debt incurred? 6/22/18 Old Bethpage, NY 11804 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Credit Card

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Debtor 1 Anthony Shamoun Case number (if know) 4.2 Nordstrom/td Bank Usa 3895 \$4,544.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Opened 07/17 Last Active 13531 E Caley Ave When was the debt incurred? 4/24/18 Englewood, CO 80111 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.2 **Presence Health** 0951 \$1.314.85 Last 4 digits of account number Nonpriority Creditor's Name PO Box 74008843 When was the debt incurred? Chicago, IL 60674 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Medical Bills** Other. Specify 4.2 Satish Reddy. DDS \$100.00 Last 4 digits of account number Nonpriority Creditor's Name 3020 W Montrose Ave When was the debt incurred? Chicago, IL 60618 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim:  $\square$  At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical Bills ☐ Yes

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Case number (if know)

| Debtor             | 1 Anthony                       | Shamoun   |  | Case no               | umber (if know)                   |                              |  |
|--------------------|---------------------------------|---|--|-----------------------|-----------------------------------|------------------------------|--|
| 4.2                | Syncb/walr                      | nart  | Last 4 digits of account number  | 6436                  |                                   | \$1,479.00                   |  |
|                    | Nonpriority Cre                 | ditor's Name  | -  |                       |                                   | -                            |  |
|                    | Po Box 965<br>Orlando, Fl       |   | When was the debt incurred?  | Open-<br>5/04/1       | ed 02/17 Last Active              |                              |  |
| -                  | •                               | City State Zlp Code   | As of the date you file, the claim   | is: Check             | all that apply                    |                              |  |
|                    | Who incurred                    | the debt? Check one.  | •  |                       |                                   |                              |  |
|                    | ■ Debtor 1 or                   | ıly   | ☐ Contingent   |                       |                                   |                              |  |
|                    | Debtor 2 or                     | ıly   | ☐ Unliquidated   |                       |                                   |                              |  |
|                    | Debtor 1 an                     | nd Debtor 2 only  | ☐ Disputed   |                       |                                   |                              |  |
|                    | ☐ At least one                  | e of the debtors and another  | Type of NONPRIORITY unsecured  | d claim:              |                                   |                              |  |
|                    | ☐ Check if th                   | is claim is for a community   | ☐ Student loans  |                       |                                   |                              |  |
|                    | debt<br>Is the claim su         | ubject to offset?   | Obligations arising out of a separeport as priority claims   | aration agr           | reement or divorce that you did i | not                          |  |
|                    | ■ No                            |   | Debts to pension or profit-sharing   | ng plans, a           | and other similar debts           |                              |  |
|                    | ☐ Yes                           |   | ■ Other Specify Charge Acc   | count                 |                                   |                              |  |
|                    |                                 |   |  |                       |                                   | <del></del>                  |  |
| 4.2                | Td Bank Us                      | sa/targetcred   | Last 4 digits of account number  | 1187                  |                                   | \$1,352.00                   |  |
|                    | Po Box 673                      | 3   | When was the debt incurred?  | Open<br>1/23/1        | ed 04/12 Last Active<br>8         |                              |  |
| -                  | Number Street                   | s, MN 55440 City State Zlp Code the debt? Check one.                  | As of the date you file, the claim is: Check all that apply  |                       |                                   |                              |  |
|                    | _                               |   |  |                       |                                   |                              |  |
|                    | Debtor 1 or                     |   | Contingent   |                       |                                   |                              |  |
|                    | Debtor 2 or                     |   | ☐ Unliquidated   |                       |                                   |                              |  |
|                    |                                 | nd Debtor 2 only  | ☐ Disputed  Type of NONPRIORITY unsecure   | d claim:              |                                   |                              |  |
|                    |                                 | e of the debtors and another  | ☐ Student loans  | a ciaiii.             |                                   |                              |  |
|                    | debt                            | is claim is for a community   | ☐ Obligations arising out of a separeport as priority claims   | aration agr           | eement or divorce that you did i  | not                          |  |
|                    | No                              | ibject to onset?  | ☐ Debts to pension or profit-sharin  | ng plans, a           | and other similar debts           |                              |  |
|                    | ☐ Yes                           |   | ■ Other. Specify Credit Card   |                       |                                   |                              |  |
|                    |                                 |   | — Other: opeony  |                       |                                   |                              |  |
| Part 3:            | List Other                      | s to Be Notified About a Debt   | That You Already Listed  |                       |                                   |                              |  |
| is tryir<br>have n | ng to collect from              | om you for a debt you owe to som                                      | out your bankruptcy, for a debt that y<br>eone else, list the original creditor in<br>you listed in Parts 1 or 2, list the addi<br>submit this page. | Parts 1 c             | or 2, then list the collection ag | ency here. Similarly, if you |  |
| Part 4:            | Add the A                       | mounts for Each Type of Uns   | ecured Claim   |                       |                                   |                              |  |
|                    | he amounts of<br>f unsecured cl |   | s. This information is for statistical r   | eporting <sub> </sub> | purposes only. 28 U.S.C. §159     | . Add the amounts for each   |  |
|                    |                                 |   |  |                       | Total Claim                       |                              |  |
| Т                  | 6a.<br><b>'otal</b>             | Domestic support obligations  |  | 6a.                   | \$0                               | 0.00                         |  |
| cla<br>from Pa     | aims<br>art 1 6b.               | Taxes and certain other debts y                                       | you owe the government   | 6b.                   | •                                 | .00                          |  |
| II OIII F          | 6c.                             |   | <del>-</del>   | 6c.                   |                                   | 0.00<br>0.00                 |  |
|                    | 6d.                             | •   | cured claims. Write that amount here.  | 6d.                   |                                   | 0.00                         |  |
|                    | 6e.                             | Total Priority. Add lines 6a throu                                    | gh 6d.   | 6e.                   | \$ 0                              | 0.00                         |  |
|                    |                                 |   |  |                       |                                   |                              |  |
|                    | 6f.                             | Student loans   |  | 6f.                   | Total Claim                       | .00                          |  |
|                    | otal                            | - Ludoni Iodilo   |  | 01.                   | Ψ                                 | 0.00                         |  |
| from Pa            |                                 | Obligations arising out of a sep<br>you did not report as priority cl | paration agreement or divorce that aims  | 6g.                   | \$ 0                              | 0.00                         |  |

Official Form 106 E/F

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Debtor 1 Anthony Shamoun

| 6h. | Debts to pension or profit-sharing plans, and other similar debts Other. Add all other nonpriority unsecured claims. Write that amount here. | 6h. | \$<br>0.00      |
|-----|--|-----|-----------------|
| 6i. |  | 6i. | \$<br>25,781.72 |
| 6j. | Total Nonpriority. Add lines 6f through 6i.  | 6j. | \$<br>25,781.72 |

Official Form 106 E/F

|   |                |                   | III FAU <del>C</del> 23 UI 37 |  |  |  |  |
|---|----------------|-------------------|-------------------------------|--|--|--|--|
| Fill in this information to identify your case: |                |                   |                               |  |  |  |  |
| Debtor 1  | Anthony Shamou | ın                |                               |  |  |  |  |
|   | First Name     | Middle Name       | Last Name                     |  |  |  |  |
| Debtor 2  |                |                   |                               |  |  |  |  |
| (Spouse if, filing)                             | First Name     | Middle Name       | Last Name                     |  |  |  |  |
| United States Bankruptcy Court for the:         |                | NORTHERN DISTRICT | OF ILLINOIS                   |  |  |  |  |
| Case number                                     |                |                   |                               |  |  |  |  |
| (if known)                                      |                |                   |                               |  |  |  |  |
|   |                |                   |                               |  |  |  |  |

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | h whom you have the cer, Street, City, State and ZIP Co | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|-------------------|---|
| 2.1 |           |              |   |                   |   |
|     | Name      |              |   |                   |   |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          | _                                       |
| 2.2 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          | _                                       |
| 2.3 | <u> </u>  |              | <u> </u>  |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          | _                                       |
| 2.4 |           |              |   |                   |   |
| ۷.٦ | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          | _                                       |
| 2.5 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          | <del>_</del>                            |
|     | ,         |              | 2.0.0   |                   |   |

|                                  |   | Docume  | nt Page 30 o              | of 57   |
|----------------------------------|---|---|---------------------------|---|
| Fill in this                     | information to identify your  | r case:   |                           |   |
| Debtor 1                         | Anthony Shamo   | un  |                           |   |
| Dobto. 1                         | First Name  | Middle Name   | Last Name                 |   |
| Debtor 2                         |   |   |                           |   |
| (Spouse if, filin                | g) First Name   | Middle Name   | Last Name                 |   |
| United Stat                      | tes Bankruptcy Court for the:   | NORTHERN DISTRICT   | OF ILLINOIS               |   |
| Case numb                        | ner   |   |                           |   |
| (if known)                       |   |   |                           | ☐ Check if this is an   |
|                                  |   |   |                           | amended filing  |
| Sched<br>Codebtors<br>Deople are | filing together, both are equ   | are also liable for any deb<br>ually responsible for supp | lying correct informa     | 12/15 as complete and accurate as possible. If two married tion. If more space is needed, copy the Additional Page, to this page. On the top of any Additional Pages, write         |
|                                  | and case number (if known   |   |                           | to the page. On the top of any mannenan ages, mile  |
| 1. Do y                          | you have any codebtors? (If   | f you are filing a joint case,                            | do not list either spouse | e as a codebtor.  |
| ■ No                             |   |   |                           |   |
| ☐ Yes                            |   |   |                           |   |
| Arizona  No.                     | a, California, Idaho, Louisiana<br>Go to line 3.<br>. Did your spouse, former spo | a, Nevada, New Mexico, Pu                                 | erto Rico, Texas, Wash    | ry? (Community property states and territories include ington, and Wisconsin.)  |
| in line<br>Form 1                | 2 again as a codebtor only  | if that person is a guaran                                | tor or cosigner. Make     | r if your spouse is filing with you. List the person shown<br>sure you have listed the creditor on Schedule D (Official<br>06G). Use Schedule D, Schedule E/F, or Schedule G to fil |
|                                  | Column 1: Your codebtor<br>Name, Number, Street, City, State and 2                | ZIP Code  |                           | Column 2: The creditor to whom you owe the debt Check all schedules that apply:   |
| 3.1                              |   |   |                           | □ Sahadula D. lina  |
|                                  | Name  |   |                           |   |
|                                  |   |   |                           | ☐ Schedule G, line  |
| _                                | Normalia and Otropot  |   |                           |   |
|                                  | Number Street<br>City   | State   | ZIP Code                  |   |
|                                  |   |   |                           |   |
| 3.2                              |   |   |                           | Schedule D, line  |
| ١                                | Name  |   |                           | Schedule E/F, line  |
|                                  |   |   |                           | ☐ Schedule G, line  |
| 1                                | Number Street   |   |                           |   |
| (                                | City  | State   | ZIP Code                  |   |

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|             |  |  |   |            |      | _                             |                      |                          |                              |          |
|-------------|--|--|---|------------|------|-------------------------------|----------------------|--------------------------|------------------------------|----------|
|             | in this information to identify y btor 1 Anthon  | our case:<br>y Shamoun   |   |            |      |                               |                      |                          |                              |          |
|             | btor 2  ouse, if filing)   |  |   |            | _    |                               |                      |                          |                              |          |
| Un          | ited States Bankruptcy Court fo  | or the: NORTHERN DISTR   | ICT OF ILLINOIS                                     |            |      |                               |                      |                          |                              |          |
| _           | se number<br>  |  | _   |            |      | ☐ Ar                          |                      | ed filing<br>ent showin  | g postpetition               |          |
| <u>O</u>    | fficial Form 106l  |  |   |            |      | MI                            | M / DD/ Y            | YYY                      |                              |          |
| S           | chedule I: Your I  | ncome  |   |            |      |                               |                      |                          |                              | 12/1     |
| spo<br>atta | plying correct information. If ouse. If you are separated and ich a separate sheet to this for the control of t | d your spouse is not filing worm. On the top of any addit      | vith you, do not inclu<br>tional pages, write yo    | ıde infor  | mati | on about<br>d case nu         | your spo<br>mber (if | ouse. If mo<br>known). A | ore space is<br>answer every | needed,  |
|             | information.   |  | Debtor 1  |            |      | Debtor 2 or non-filing spouse |                      |                          |                              |          |
|             | If you have more than one job, attach a separate page with information about additional  | Employment status  | <ul><li>■ Employed</li><li>□ Not employed</li></ul> |            |      |                               | ☐ Emple              | •                        |                              |          |
|             | employers.   | Occupation   | Doorman   | Doorman    |      |                               |                      |                          |                              |          |
|             | Include part-time, seasonal, self-employed work.   | or Employer's name   | Chicagoland Co                                      | ondos      |      |                               |                      |                          |                              |          |
|             | Occupation may include stude or homemaker, if it applies.  | dent Employer's address  | Chicago, IL 606                                     | 601        |      |                               |                      |                          |                              |          |
|             |  | How long employed  | there? 1 year                                       |            |      |                               |                      |                          |                              |          |
| Pa          | rt 2: Give Details Abou  | t Monthly Income   |   |            |      |                               |                      |                          |                              |          |
|             | imate monthly income as of tuse unless you are separated.  | the date you file this form.                                   | f you have nothing to r                             | eport for  | any  | line, write                   | \$0 in the           | space. Inc               | clude your no                | n-filing |
|             | ou or your non-filing spouse have space, attach a separate she   |  | combine the informatio                              | on for all | empl | oyers for t                   | hat perso            | n on the li              | nes below. If                | you need |
|             |  |  |   |            |      | For Deb                       | tor 1                |                          | btor 2 or<br>ng spouse       |          |
| 2.          |  | , salary, and commissions (<br>hthly, calculate what the month |   | 2.         | \$   | 2,                            | 827.12               | \$                       | N/A                          | -        |
| 3.          | Estimate and list monthly  | overtime pay.  |   | 3.         | +\$  |                               | 0.00                 | +\$                      | N/A                          | -        |
| 4.          | Calculate gross Income. A  | Add line 2 + line 3.   |   | 4.         | \$   | 2,82                          | 7.12                 | \$                       | N/A                          |          |

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| Deb | tor 1                 | Anthony Shamoun   | _        | (        | Case      | number (if known | )         |              |                  |               |                    |
|-----|-----------------------|---|----------|----------|-----------|------------------|-----------|--------------|------------------|---------------|--------------------|
|     |                       |   |          |          |           | r Debtor 1       |           | non-f        | ebtor<br>iling s | pouse         |                    |
|     | Cop                   | by line 4 here  | 4.       |          | \$_       | 2,827.12         | <u>-</u>  | \$           |                  | N/A           | <u>4</u>           |
| 5.  | List                  | all payroll deductions:   |          |          |           |                  |           |              |                  |               |                    |
|     | 5a.                   | Tax, Medicare, and Social Security deductions   | 58       | а.       | \$_       | 648.51           | <u>i_</u> | \$           |                  | N/A           | <u>\</u>           |
|     | 5b.                   | Mandatory contributions for retirement plans  | 5b       |          | \$_       | 0.00             | _         | \$           |                  | N/A           |                    |
|     | 5c.                   | Voluntary contributions for retirement plans  | 50       |          | \$_       | 0.00             | _         | \$           |                  | N/A           | _                  |
|     | 5d.                   | Required repayments of retirement fund loans Insurance  | 50       |          | \$_<br>\$ | 0.00             | _         | \$           |                  | N/A           | _                  |
|     | 5e.<br>5f.            | Domestic support obligations  | 56<br>5f |          | \$<br>_   | 0.00             | _         | \$           |                  | N/A           |                    |
|     | 5g.                   | Union dues  | 50       |          | \$<br>-   | 68.00            | _         | \$           |                  | N/A           |                    |
|     | 5h.                   | Other deductions. Specify:  |          | า.+      | \$        | 0.00             | _         | + \$         |                  | N/A           |                    |
| 6.  | Add                   | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.       |          | \$_       | 716.51           | _<br>[_   | \$           |                  | N/A           | <u>\</u>           |
| 7.  | Cal                   | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.       |          | \$_       | 2,110.61         | <u> </u>  | \$           |                  | N/A           | <u>\</u>           |
| 8.  | List<br>8a.           | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 88       | а.       | \$        | 0.00             | )         | \$           |                  | N/A           | A                  |
|     | 8b.                   | Interest and dividends  | 8k       | ٥.       | \$        | 0.00             | )         | \$           |                  | N/A           | <del>\</del>       |
|     | 8c.                   | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 80       |          | \$_       | 0.00             | _         | \$           |                  | N/A           |                    |
|     | 8d.<br>8e.            | Unemployment compensation Social Security   | 80<br>86 |          | \$_<br>\$ | 0.00             | _         | \$           |                  | N/A           | _                  |
|     | 8f.                   | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:         | e<br>8f  |          | \$_       | 0.00             | <u> </u>  | \$           |                  | N/A           | <u> </u>           |
|     | 8g.                   | Pension or retirement income  | 86       | _        | \$_       | 0.00             | _         | —            |                  | N/A           |                    |
|     | 8h.                   | Other monthly income. Specify:  | _ 01     | า.+<br>– | \$_       | 0.00             | _         | † <u>» —</u> |                  | N/A           | <u>\</u>           |
| 9.  | Add                   | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.       | ;        | \$        | 0.00             | )         | \$           |                  | N/            | <b>'</b> A         |
| 10. | Cal                   | culate monthly income. Add line 7 + line 9.   | 10.      | \$       |           | 2,110.61 +       | \$        |              | N/A              | = \$          | 2,110.61           |
|     |                       | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |          | _        |           | 2,110.01         | _         |              |                  | -             | 2,110.01           |
| 11. | Incli<br>othe<br>Do i | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not cify:        | dep      |          |           | •                |           |              | hedule           |               | 0.00               |
| 12. |                       | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies   |          |          |           |                  |           |              | 12.              | \$            | 2,110.61           |
| 13. | Do                    | you expect an increase or decrease within the year after you file this form   | ?        |          |           |                  |           |              | L                | Comb<br>month | ined<br>ily income |
|     |                       | No.   |          |          |           |                  |           |              |                  |               |                    |
|     |                       | Voc Evolois:  |          |          |           |                  |           |              |                  |               |                    |

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| Fill ir         | n this informa             | tion to identify yo                                     | our case:              |   |  |                                    |  |  |
|-----------------|----------------------------|---|------------------------|---|--|------------------------------------|--|--|
| Debto           |                            | Anthony Sha   |                        |   |  | Che                                | eck if this is:                            |  |
| Debto           | or 2                       |   |                        |   |  |                                    | An amended filing                          | uina nootootition aboutor                              |
|                 | use, if filing)            |   |                        |   |  |                                    |  | wing postpetition chapter the following date:          |
| Unite           | d States Bankr             | ruptcy Court for the                                    | : NORTH                | IERN DISTRICT OF ILLIN  | OIS  |                                    | MM / DD / YYYY                             |  |
| Case<br>(If kno | e number<br>own)           |   |                        |   |  |                                    |  |  |
| Off             | ficial Fo                  | rm 106J   |                        |   |  |                                    |  |  |
| Sc              | hedule                     | J: Your   | Exper                  | ises  |  |                                    |  | 12/1   |
| Be a            | s complete a               | and accurate as   | possible<br>eded, atta | If two married people ar<br>ch another sheet to this                      |  |                                    |  |  |
| Part            |                            | ibe Your House  | hold                   |   |  |                                    |  |  |
| 1.              | Is this a joir             |   |                        |   |  |                                    |  |  |
|                 |                            |   | in a separ             | ate household?  |  |                                    |  |  |
|                 | ПΝ                         |   | •                      |   |  |                                    |  |  |
|                 | □ Y                        | es. Debtor 2 mus  | st file Offici         | al Form 106J-2, <i>Expenses</i>   | for Separate House                               | ehold of De                        | btor 2.                                    |  |
| 2.              | Do you have                | e dependents?   | ■ No                   |   |  |                                    |  |  |
|                 | Do not list D<br>Debtor 2. | ebtor 1 and   | ☐ Yes.                 | Fill out this information for each dependent                              | Dependent's relat<br>Debtor 1 or Debto           |                                    | Dependent's age                            | Does dependent live with you?                          |
|                 | Do not state               |   |                        |   |  |                                    |  | □ No   |
|                 | dependents                 | names.  |                        |   |  |                                    |  | ☐ Yes<br>☐ No  |
|                 |                            |   |                        |   |  |                                    |  | ☐ Yes  |
|                 |                            |   |                        |   |  |                                    |  | □ No   |
|                 |                            |   |                        |   |  |                                    |  | ☐ Yes  |
|                 |                            |   |                        |   |  |                                    |  | □ No   |
| 3.              | Do vour ext                | enses include   | _                      |   |  |                                    |  | ☐ Yes  |
|                 | expenses o                 | f people other t  | han $_{m \Box}$        | No<br>Yes   |  |                                    |  |  |
|                 | yoursen and                | a your depende  | nts? —                 |   |  |                                    |  |  |
| expe            | mate your ex               | ate Your Ongoi<br>openses as of your a date after the l | our bankr              | y Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp | ou are using this f<br>plemental <i>Schedule</i> | orm as a s<br>e <i>J</i> , check t | upplement in a Cha<br>the box at the top c | apter 13 case to report<br>of the form and fill in the |
| the v           |                            | n assistance an   |                        | government assistance i<br>cluded it on <i>Schedule I:</i> \              |  |                                    | Your exp                                   | enses  |
| ,5              |                            | ,   |                        |   |  | _                                  |  |  |
| 4.              |                            | or home owners<br>and any rent for th                   |                        | ses for your residence. I<br>r lot.                                       | nclude first mortgag                             | e<br>4.                            | \$   | 700.00   |
|                 | If not includ              | led in line 4:  |                        |   |  |                                    |  |  |
|                 | 4a. Real e                 | estate taxes  |                        |   |  | 4a.                                | \$   | 0.00   |
|                 | •                          | rty, homeowner's  |                        |   |  | 4b.                                | ·  | 0.00   |
|                 |                            | maintenance, re<br>owner's associat                     | •                      | ipkeep expenses   |  | 4c.<br>4d.                         |  | 0.00   |
| 5.              |                            |   |                        | our residence, such as ho   | me equity loans                                  | 4a.<br>5.                          | ·  | 0.00   |

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| Anthony Shamoun  | Case num  | ber (if known)                            |  |
|--|---|---|--|
| itias:   |   |   |  |
|  | 6a  | \$  | 0.00   |
| ••   |   |   | 0.00   |
|  |   | ·   | 90.00  |
|  |   | ·   |  |
|  |   | ·   | 0.00   |
|  |   | ·   | 300.00   |
|  |   | ·   | 0.00   |
| thing, laundry, and dry cleaning   | 9.  | \$  | 20.00  |
| sonal care products and services   | 10.   | \$  | 50.00  |
| •  | 11.   | \$  | 60.00  |
|  | 12  | \$  | 300.00   |
|  |   | ·   |  |
|  |   | ·   | 9.61   |
| •  | 14.   | \$  | 0.00   |
|  |   |   |  |
| , , ,  | 450   | ¢   | 2.22   |
|  |   | ·   | 0.00   |
|  |   |   | 0.00   |
|  |   | *   | 100.00   |
|  | 15d.  | \$  | 0.00   |
|  |   |   |  |
| ·  | 16.   | \$  | 0.00   |
|  | 170   | ¢   | 101 00   |
| • •  |   | ·   | 181.00   |
|  |   | ·   | 0.00   |
|  |   |   | 100.00   |
|  | 17d.  | \$  | 0.00   |
|  | 18.   | \$  | 0.00   |
|  |   | ·   | 0.00   |
|  | 19  | Ψ   | 0.00   |
|  |   | ur Income                                 |  |
|  |   |   | 0.00   |
|  |   | · -                                       | 0.00   |
|  |   | ·   |  |
| ·  |   |   | 0.00   |
|  |   |   | 0.00   |
|  |   | ·   | 0.00   |
| er: Specify:   | 21.   | +\$                                       | 0.00   |
| culate your monthly expenses   |   |   |  |
|  |   | \$  | 1,910.61   |
| ŭ  |   |   | .,510101   |
|  |   | ·   | 4.040.04   |
| . Add line ZZa and ZZb. The result is your monthly expenses.   |   | <b>*</b>                                  | 1,910.61   |
|  |   |   |  |
| . Copy line 12 (your combined monthly income) from Schedule I.   | 23a.  | \$  | 2,110.61   |
|  | 23b.  | -\$                                       | 1,910.61   |
|  |   | · <del></del>                             | .,5.0.01   |
| . Subtract your monthly expenses from your monthly income.   |   |   | 000.00   |
| The result is your monthly net income.   | 23c.  | \$  | 200.00   |
|  |   | . f = 2                                   |  |
|  |   |   |  |
| you expect an increase or decrease in your expenses within the year after you expense do you expect to finish paying for your car loan within the year or do you expect your r |   |   | or decrease because of   |
| example, do you expect to finish paying for your car loan within the year or do you expect your r  |   |   | or decrease because of   |
|  |   |   | or decrease because of   |
| Cipron tail a pod Xesta pod Long pod en la pod la po   | lities: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: od and housekeeping supplies ildcare and children's education costs othing, laundry, and dry cleaning rsonal care products and services dical and dental expenses into include car payments. tertainment, clubs, recreation, newspapers, magazines, and books aritable contributions and religious donations urance. not include insurance deducted from your pay or included in lines 4 or 20. a. Life insurance b. Health insurance Health insurance Health insurance. Vehicle insurance. Car payments for Vehicle 1 Car payments for Vehicle 1 Car payments for Vehicle 2 Cother. Specify:  ur payments of alimony, maintenance, and support that you did not report as ducted from your pay on in lines 4 or 5 of this form on Scheda Mortages on other property Real estate taxes Property, homeowner's, or renter's insurance Mortagages on other property Real estate taxes Property, homeowner's, or renter's insurance Mortagages on other property Challenges, and upkeep expenses Mortagages on other property expenses for Debtor 2), if any, from Official Form 106J-2 Challines 4 through 21. Copy line 22 (monthly expenses fron Debtor 2), if any, from Official Form 106J-2 Challine 22a and 22b. The result is your monthly expenses.  Copy line 12 (your combined monthly income) from Schedule I. Copy your monthly expenses from line 22c above. | Itities:   Electricity, heat, natural gas | lities:  Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Cother, Specify: God and housekeeping supplies Ildicare and children's education costs Responding Services Res |

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| Fill in th | his informa  | ation to identify your                 | case:                   |               |                       |                  |  |
|------------|--------------|--|-------------------------|---------------|-----------------------|------------------|--|
| Debtor '   | 1            | Anthony Shamou                         | n                       |               |                       |                  |  |
|            |              | First Name                             | Middle Name             | La            | ist Name              |                  |  |
| Debtor 2   | 2            |  |                         |               |                       |                  |  |
| (Spouse if | , filing)    | First Name                             | Middle Name             | La            | ist Name              |                  |  |
| United 9   | States Bank  | cruptcy Court for the:                 | NORTHERN DISTRI         | CT OF ILLING  | DIS                   |                  |  |
| Case nu    | umber        |  |                         |               |                       |                  |  |
| (if known) |              |  | -                       |               |                       |                  | ☐ Check if this is an  |
|            |              |  |                         |               |                       |                  | amended filing   |
|            |              |  |                         |               |                       |                  |  |
|            |              |  |                         |               |                       |                  |  |
| Officia    | al Form      | 106Dec                                 |                         |               |                       |                  |  |
| Dec        | laratio      | on About a                             | n Individua             | al Deht       | or's Sche             | Paluba           | 12/15  |
|            | iaiati       | on About a                             | - IIIaiviaa             |               | 01 3 00110            | auics            | 12/13  |
| If two m   | arried neo   | nle are filing together                | , both are equally res  | nonsible for  | sunniving correct i   | nformation       |  |
|            | arriou poo   | pio di o illing togotilo               | , som are equally rec   | porioibio ioi | supplying contoot.    |                  |  |
|            |              |  |                         |               |                       |                  | tement, concealing property, or  |
| obtainin   | ng money o   | r property by fraud in                 | connection with a ba    | ankruptcy ca  | se can result in find | es up to \$250,0 | 00, or imprisonment for up to 20   |
| years, o   | r both. 18 t | U.S.C. §§ 152, 1341, 1                 | 519, and 3571.          |               |                       |                  |  |
|            |              |  |                         |               |                       |                  |  |
|            | Sign E       | Relow                                  |                         |               |                       |                  |  |
|            | Oigii L      | JC1011                                 |                         |               |                       |                  |  |
| Di         | d vou nov e  | or agree to now come                   | one who is NOT an at    | tornov to bol | n vou fill out bonkr  | untov formo?     |  |
| Die        | u you pay t  | or agree to pay some                   | one who is NOT an at    | torney to ner | p you iiii out banki  | upicy forms?     |  |
| _          | No           |  |                         |               |                       |                  |  |
| -          |              |  |                         |               |                       |                  |  |
|            | Yes. Na      | me of person                           |                         |               |                       |                  | nkruptcy Petition Preparer's Notice,<br>n, and Signature (Official Form 119) |
|            |              |  |                         |               |                       | Deciaration      | n, and Signature (Official Form 119)   |
|            |              |  |                         |               |                       |                  |  |
|            |              | of perjury, I declare rue and correct. | that I have read the si | ummary and    | schedules filed wit   | h this declarati | on and   |
|            | ,            |  |                         |               |                       |                  |  |
| Х          |              | ony Shamoun                            |                         | X             |                       |                  |  |
|            |              | Shamoun                                |                         |               | Signature of Debt     | or 2             |  |
|            | Signature    | of Debtor 1                            |                         |               |                       |                  |  |
|            | Date Ju      | ly 14, 2018                            |                         |               | Date                  |                  |  |
|            | _ <u> </u>   | 15 17, 2010                            |                         |               |                       |                  |  |

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| Fill in this informati                      | on to identify your                   | case:  |   |  |   |
|---|---------------------------------------|--|---|--|---|
|   | Anthony Shamo                         |  |   |  |   |
| <u>-</u>                                    | First Name                            | Middle Name  | Last Name   |  |   |
| Debtor 2<br>(Spouse if, filing)             | irst Name                             | Middle Name  | Last Name   |  |   |
| United States Bankru                        | ptcy Court for the:                   | NORTHERN DISTRICT C  | OF ILLINOIS   |  |   |
| Case number                                 |                                       |  |   |  |   |
| (if known)                                  |                                       |  |   | -  | heck if this is an<br>mended filing                   |
| Official Form                               | 107                                   |  |   |  |   |
|   |                                       | Affairs for Individ  | duals Filing for B                                    | ankruptcv  | 4/10  |
| information. If more number (if known).     | space is needed,<br>Answer every ques | attach a separate sheet to   | this form. On the top of any                          | equally responsible for suppy additional pages, write you    |   |
| •   | rrent marital statu                   |  | Lived Belole  |  |   |
| _   | Trent maritar statu                   | <b>3</b> :   |   |  |   |
| ☐ Married ■ Not married                     |                                       |  |   |  |   |
|   |                                       | lived envelope ether then  | where you live new?                                   |  |   |
| 2. During the last                          | s years, nave you i                   | ived anywhere other than v   | where you live now?                                   |  |   |
| ■ No<br>□ Yes. List all                     | of the places you li                  | ved in the last 3 years. Do no   | ot include where you live now                         | v.   |   |
| Debtor 1 Prior                              | Address:                              | Dates Debtor 1 lived there   | Debtor 2 Prior Ad                                     | Idress:  | Dates Debtor 2<br>lived there                         |
| states and territories i                    | nclude Arizona, Cal                   | ifornia, Idaho, Louisiana, Nev   | vada, New Mexico, Puerto R                            | ity property state or territory ico, Texas, Washington and W |   |
| Yes. Make                                   | sure you fill out Sch                 | edule H: Your Codebtors (Of  | ficial Form 106H).                                    |  |   |
| Part 2 Explain th                           | ne Sources of Your                    | Income   |   |  |   |
| Fill in the total ar                        | nount of income you                   | pployment or from operatin<br>I received from all jobs and a<br>have income that you receive | all businesses, including part                        |  | dar years?  |
| Yes. Fill in t                              | he details.                           |  |   |  |   |
|   |                                       | Debtor 1   |   | Debtor 2   |   |
|   |                                       | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                   | Gross income<br>(before deductions<br>and exclusions) |
| From January 1 of o                         |                                       | ☐ Wages, commissions, bonuses, tips  | \$16,962.73   | ☐ Wages, commissions, bonuses, tips                          |   |
|   |                                       | ☐ Operating a business   |   | ☐ Operating a business                                       |   |
| For last calendar ye<br>(January 1 to Decer |                                       | ☐ Wages, commissions, bonuses, tips  | \$23,928.00   | ☐ Wages, commissions, bonuses, tips                          |   |
|   |                                       | ☐ Operating a business   |   | ☐ Operating a business                                       |   |
| Official Form 107                           |                                       | Statement of Financial Aff   | airs for Individuals Filing for B                     | ankruptcy  | page '  |

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| Debt   | tor 1 🛕                                     | nthony Sh  | amoun   | Docume   |  | Lige 37 01 37  | se number (if known)  |  |  |
|--------|---|--|---|--|--|--|---|--|--|
|        |   |  |   |  |  |  |   |  |  |
|        |   |  |   | Debtor 1   |  |  | Debtor 2  |  |  |
|        |   |  |   | Sources of income<br>Check all that apply.   | Gross i<br>(before<br>exclusion  | deductions and   | Sources of ind<br>Check all that a  |  | Gross income<br>(before deductions<br>and exclusions)                    |
|        |   | ndar year be<br>o December                                       |   | ☐ Wages, commissions, bonuses, tips  |  | \$16,461.00  | ☐ Wages, combonuses, tips   | nmissions,   |  |
|        |   |  |   | ☐ Operating a business   |  |  | ☐ Operating a   | business   |  |
| ;<br>; | Include in<br>and othe<br>winnings          | ncome regard<br>r public bene<br>. If you are fil                | dless of whet<br>fit payments<br>ing a joint ca   | ne during this year or the to<br>ther that income is taxable. E<br>pensions; rental income; in<br>use and you have income that<br>some from each source sepa           | Examples of outerest; divide at you receive  | other income are and   | alimony; child supp<br>cted from lawsuits;<br>only once under D                           | royalties; an<br>ebtor 1.  |  |
|        | ■ No<br>□ Yes                               | s. Fill in the de  | etails.   |  |  |  |   |  |  |
|        |   |  |   | Dobtos 4   |  |  | Dobtov 2  |  |  |
|        |   |  |   | Describe below.  | each so  | deductions and   | Debtor 2<br>Sources of inc<br>Describe below  |  | Gross income<br>(before deductions<br>and exclusions)                    |
| Part   | 3. Lie                                      | st Cartain Pa  | ymante Vai  | u Made Before You Filed fo   | or Bankrunto   | v  |   |  |  |
|        | □ No.                                       | Neither D individual  During the No. Yes  * Subject              | ebtor 1 nor<br>primarily for<br>e 90 days bef<br>Go to line<br>List below<br>paid that c<br>not include<br>to adjustmen<br>or Debtor 2<br>e 90 days bef<br>Go to line<br>List below<br>include pa | each creditor to whom you preditor. Do not include payme payments to an attorney font on 4/01/19 and every 3 yeor both have primarily conore you filed for bankruptcy, | did you pay a coaid a total of tents for dom ar this bankrup ears after that did you pay a coaid a total of coaid a total of coaid a total of coaid a total of | any creditor a tota \$6,425* or more estic support oblicator case. for cases filed or any creditor a tota \$600 or more an | in one or more pay<br>gations, such as claim or after the date of<br>al of \$600 or more? | re?  /ments and the filled support and adjustment or filled support and filled support an | he total amount you and alimony. Also, do                                |
|        | Credito                                     | r's Name an  | d Address   | Dates of payr  | ment   | Total amount   | Amount you still owe  | Was this p   | payment for  |
| ;<br>; | Insiders of which a busine alimony.  No Yes | include your<br>you are an o<br>ss you opera<br>s. List all payr | relatives; any<br>fficer, directo<br>te as a sole p<br>ments to an i  |  | of any genera<br>er of 20% or n<br>Include paym  | al partners; partne<br>nore of their votin<br>ents for domestic  | wed anyone who<br>erships of which yo<br>g securities; and a<br>support obligation        | u are a gene<br>ny managing<br>s, such as ch   | eral partner; corporation<br>agent, including one fo<br>nild support and |
|        | Insider'                                    | s Name and   | Address   | Dates of payr  | ment   | Total amount   | Amount you  | Reason for   | or this payment  |

paid

still owe

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Document Page 38 of 57 Case number (if known) Debtor 1 **Anthony Shamoun** Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an 8. insider? Include payments on debts guaranteed or cosigned by an insider. No Yes. List all payments to an insider **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment paid still owe Include creditor's name Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No П Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below **Creditor Name and Address Describe the Property** Date Value of the property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. Creditor Name and Address Describe the action the creditor took Date action was Amount Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No П Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value the gifts per person

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

Official Form 107

Address:

Yes. Fill in the details for each gift or contribution.

Person to Whom You Gave the Gift and

Gifts or contributions to charities that total Value Describe what you contributed Dates you contributed more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

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Page 39 of 57 Document Case number (if known) Debtor 1 **Anthony Shamoun** or gambling? Nο Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Nο Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You **Upfront Atty's Fees** 2018 \$600.00 Joseph Q. Lou, LLC 4001 W. Devon Ave Suite 201 Chicago, IL 60646 Summit Financial Education, Inc. **Online Counseling Course** 2018 \$15.00 4800 E. Flower St Tucson, AZ 85712 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No П Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of transferred or transfer was Address payment made Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. **Person Who Received Transfer** Describe any property or Description and value of Date transfer was **Address** property transferred payments received or debts made paid in exchange Person's relationship to you Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

Nο

Yes. Fill in the details.

Name of trust Description and value of the property transferred **Date Transfer was** made

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Debtor 1 **Anthony Shamoun** 

ase number (if known) Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of Name of Financial Institution and Type of account or Date account was Last balance Address (Number, Street, City, State and ZIP account number instrument closed, sold, before closing or moved, or transfer transferred 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Who else had access to it? Describe the contents Do you still Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, have it? State and ZIP Code) 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No Yes. Fill in the details. Name of Storage Facility Who else has or had access Describe the contents Do you still Address (Number, Street, City, State and ZIP Code) to it? have it? Address (Number, Street, City, State and ZIP Code) Part 9: Identify Property You Hold or Control for Someone Else Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Nο Yes. Fill in the details. Owner's Name Where is the property? Describe the property Value Address (Number, Street, City, State and ZIP Code) (Number, Street, City, State and ZIF Part 10: Give Details About Environmental Information For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

| ■ No □ Yes. Fill in the details.                                   |  |                                   |                |
|--|--|-----------------------------------|----------------|
| Name of site<br>Address (Number, Street, City, State and ZIP Code) | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it | Date of notice |

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| 25.        | Have you notified any governmental unit of  | fany release of hazardous material?                                     |          |  |                    |  |  |  |
|------------|---|---|----------|--|--------------------|--|--|--|
|            | _   | •   |          |  |                    |  |  |  |
|            | No  |   |          |  |                    |  |  |  |
|            | Yes. Fill in the details.   |   | _        |  | <b>5</b>           |  |  |  |
|            | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit Address (Number, Street, City, State and ZIP Code)    |          | invironmental law, if you now it   | Date of notice     |  |  |  |
| 26.        | Have you been a party in any judicial or ad   | ministrative proceeding under any envi                                  | ronme    | ental law? Include settlements a   | nd orders.         |  |  |  |
|            | _   |   |          |  |                    |  |  |  |
|            | No  |   |          |  |                    |  |  |  |
|            | Yes. Fill in the details.   | _   |          |  |                    |  |  |  |
|            | Case Title Case Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Natu     | re of the case   | Status of the case |  |  |  |
| Par        | t 11: Give Details About Your Business or   | Connections to Any Business   |          |  |                    |  |  |  |
| 27.        | Within 4 years before you filed for bankrup   | toy did you own a husiness or have an                                   | v of th  | ne following connections to any  | husiness?          |  |  |  |
| 21.        |   |   | •        | •  | business:          |  |  |  |
|            | _   | in a trade, profession, or other activity,                              |          | -  |                    |  |  |  |
|            | ☐ A member of a limited liability com   | pany (LLC) or limited liability partnershi                              | ip (LLI  | P)   |                    |  |  |  |
|            | ☐ A partner in a partnership  |   |          |  |                    |  |  |  |
|            | ☐ An officer, director, or managing ex  | er, director, or managing executive of a corporation                    |          |  |                    |  |  |  |
|            | ☐ An owner of at least 5% of the voting or equity securities of a corporation   |   |          |  |                    |  |  |  |
|            | ■ No. None of the above applies. Go to  | Part 12   |          |  |                    |  |  |  |
|            | _   |   |          |  |                    |  |  |  |
|            | Yes. Check all that apply above and fill in the details below for each business.  |   |          |  |                    |  |  |  |
|            | Business Name<br>Address  | Describe the nature of the business                                     |          | Employer Identification number  Do not include Social Security number or ITIN. |                    |  |  |  |
|            | (Number, Street, City, State and ZIP Code)  | Name of accountant or bookkeeper  |          | Dates business existed   |                    |  |  |  |
| 28.        | Within 2 years before you filed for bankrup institutions, creditors, or other parties.  | tcy, did you give a financial statement t                               | o any    | one about your business? Inclu   | de all financial   |  |  |  |
|            | ■ No  |   |          |  |                    |  |  |  |
|            | ■ No □ Yes. Fill in the details below.  |   |          |  |                    |  |  |  |
|            | Name  | Date Issued   |          |  |                    |  |  |  |
|            | Address   | Date 100aca   |          |  |                    |  |  |  |
|            | (Number, Street, City, State and ZIP Code)  |   |          |  |                    |  |  |  |
| Par        | t 12: Sign Below  |   |          |  |                    |  |  |  |
| are with   | ve read the answers on this Statement of Fin<br>true and correct. I understand that making a<br>a bankruptcy case can result in fines up to<br>I.S.C. §§ 152, 1341, 1519, and 3571. | false statement, concealing property,                                   | or obta  | aining money or property by fra  |                    |  |  |  |
| /s/        | Anthony Shamoun   |   |          |  |                    |  |  |  |
| An         | thony Shamoun<br>nature of Debtor 1   | Signature of Debtor 2   |          |  |                    |  |  |  |
| Dat        | e _July 14, 2018  | Date  |          |  |                    |  |  |  |
| Did        | you attach additional pages to Your Statem  | ent of Financial Affairs for Individuals F                              | -iling i | for Bankruptcy (Official Form 10   | 7)?                |  |  |  |
|            |   |   |          |  |                    |  |  |  |
| □ Y        | es  |   |          |  |                    |  |  |  |
| Did<br>■ N | you pay or agree to pay someone who is no   | t an attorney to help you fill out bankru                               | ptcy f   | forms?   |                    |  |  |  |
|            | es. Name of Person Attach the <i>Bankru</i>   | uptcy Petition Preparer's Notice, Declaration                           | on, and  | d Signature (Official Form 119).   |                    |  |  |  |
|            |   | nent of Financial Affairs for Individuals Filing                        |          | ,  | page               |  |  |  |

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Case number (if known)

Document Debtor 1 Anthony Shamoun

Official Form 107

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

#### (Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

□The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, \$600.00 toward the flat fee, leaving a balance due of \$3,400.00; and \$0.00 for expenses, leaving a balance due for the filing fee of \$0.00.
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date:July 14, 2018                   | right to uppear in court to object. |  |
|--------------------------------------|-------------------------------------|--|
| Signed:                              |                                     |  |
| /s/ Anthony Shamoun                  | /s/ Joseph Q. Lou                   |  |
| Anthony Shamoun                      | Joseph Q. Lou 6290082               |  |
|                                      | Attorney for the Debtor(s)          |  |
| Debtor(s)                            |                                     |  |
| Do not sign this agreement if the an | nounts are blank.                   |  |

**Local Bankruptcy Form 23c** 

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B2030 (Form 2030) (12/15)

### **United States Bankruptcy Court** Northern District of Illinois

| In re       | Anthony Shamoun  |  | Case No.   |  |    |
|-------------|--|--|--|--|----|
|             | <u> </u>   | Debtor(s)  | Chapter  | 13                                       |    |
|             | DISCLOSURE OF COMPEN   | SATION OF ATTOR  | RNEY FOR DE  | BTOR(S)                                  |    |
| С           | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b) compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of   | of the petition in bankruptcy,   | or agreed to be paid   | to me, for services rendered or t        | 0  |
|             | For legal services, I have agreed to accept  |  | <u> </u>   | 4,000.00                                 |    |
|             | Prior to the filing of this statement I have received  |  | \$   | 600.00                                   |    |
|             | Balance Due  |  |  | 3,400.00                                 |    |
| 2. Т        | The source of the compensation paid to me was:   |  |  |  |    |
|             | ■ Debtor □ Other (specify):  |  |  |  |    |
| 3. Т        | The source of compensation to be paid to me is:  |  |  |  |    |
|             | ■ Debtor □ Other (specify):  |  |  |  |    |
| 4. I        | ■ I have not agreed to share the above-disclosed compe   | nsation with any other person  | unless they are meml   | pers and associates of my law fir        | m. |
| I           | ☐ I have agreed to share the above-disclosed compensat copy of the agreement, together with a list of the nam  |  |  |  | L  |
| 5. 1        | In return for the above-disclosed fee, I have agreed to ren  | der legal service for all aspect   | s of the bankruptcy c  | ase, including:                          |    |
| b<br>c      | <ul> <li>Analysis of the debtor's financial situation, and render on Preparation and filing of any petition, schedules, states</li> <li>Representation of the debtor at the meeting of creditor</li> <li>[Other provisions as needed]</li> <li>Negotiations with secured creditors to represent a reaffirmation agreements and application secured continuous forms on hour</li> </ul> | ment of affairs and plan which<br>is and confirmation hearing, and<br>duce to market value; exe<br>as as needed; preparation | may be required;<br>ad any adjourned hear<br>emption planning; | rings thereof; preparation and filing of |    |
| б. <b>Е</b> | By agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any disc any other adversary proceeding.   | does not include the following chargeability actions, judio  | service:<br>cial lien avoidance                                | es, relief from stay actions             | or |
|             |  | CERTIFICATION  |  |  |    |
|             | certify that the foregoing is a complete statement of any ankruptcy proceeding.  | agreement or arrangement for   | payment to me for re   | epresentation of the debtor(s) in        |    |
| Jι          | ıly 14, 2018   | /s/ Joseph Q. Lou  | 1  |  |    |
|             | ate  | Joseph Q. Lou 62   | 90082  |  |    |
|             |  | Signature of Attorne Joseph Q. Lou, L  |  |  |    |
|             |  | 4001 W. Devon A  |  |  |    |
|             |  | Suite 201  |  |  |    |
|             |  | Chicago, IL 60646<br>773-286-8484  | j  |  |    |
|             |  | COURT@JOSEPH   | HLOU.COM   |  |    |
|             |  | Name of law firm   |  |  |    |

### **United States Bankruptcy Court** Northern District of Illinois

| In re | Anthony Shamoun                            |   | Case No.           |                         |  |  |  |  |
|-------|--|---|--------------------|-------------------------|--|--|--|--|
|       | •  | Debtor(s)   | Chapter 1          | 3                       |  |  |  |  |
|       | VERIFICATION OF CREDITOR MATRIX            |   |                    |                         |  |  |  |  |
|       |  | Number of C   | Creditors:         | 27                      |  |  |  |  |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of creditor               | ors is true and co | rrect to the best of my |  |  |  |  |
| Date: | July 14, 2018                              | /s/ Anthony Shamoun Anthony Shamoun Signature of Debtor |                    |                         |  |  |  |  |

Amex
Po Box 297871
Fort Lauderdale, FL 33329

Annie John MD PO Box 2248 Carol Stream, IL 60132

Avant Llc/web Bank 222 N. Lasalle St Chicago, IL 60601

Capital One 15000 Capital One Dr Richmond, VA 23238

Capital One 15000 Capital One Dr Richmond, VA 23238

Cbna 50 Northwest Point Road Elk Grove Village, IL 60007

Cepamerica Illinois LLP PO Box 582663 Modesto, CA 95358

Comenity Bank/carsons Po Box 182789 Columbus, OH 43218

Comenity Bank/express Po Box 182789 Columbus, OH 43218

Comenitycb/forever21 Po Box 182120 Columbus, OH 43218

Credit First N A 6275 Eastland Rd Brookpark, OH 44142

Credit One Bank Na Po Box 98872 Las Vegas, NV 89193

First Premier Bank 3820 N Louise Ave Sioux Falls, SD 57107

First Premier Bank 3820 N Louise Ave Sioux Falls, SD 57107

Genesis Bc/celtic Bank 268 S State St Ste 300 Salt Lake City, UT 84111

Kohls/capone N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051

Landmark Credit Union 5445 S Westridge Dr New Berlin, WI 53151

Landmark Credit Union PO Box 510910 New Berlin, WI 53151

Merchants Credit Guide Co 223 W. Jackson Blvd, #700 Chicago, IL 60606

Merrick Bank Corp Po Box 9201 Old Bethpage, NY 11804

Nordstrom/td Bank Usa 13531 E Caley Ave Englewood, CO 80111

Presence Health PO Box 74008843 Chicago, IL 60674 Satish Reddy. DDS 3020 W Montrose Ave Chicago, IL 60618

Syncb/mattress Firm In C/o Po Box 965036 Orlando, FL 32896

Syncb/walmart Po Box 965024 Orlando, FL 32896

Td Bank Usa/targetcred Po Box 673 Minneapolis, MN 55440

Wells Fargo Dealer Svc Po Box 1697 Winterville, NC 28590